

PTO/SB/21 (08-00)

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TRANSMITTAL FORM		Filing Date	February 27, 20	02			
		First Named Inventor	David W. MORF	RIS			
		Group Art Unit	To Be Assigned	i			
(to be used for all correspondence after initial filing)		Examiner Name	To Be Assigned				
Total Number Of Pages In This Submission 21 + 2 CDs		Attorney Docket No.	529452000121				
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Fee Transmittal Form (1 page in duplicate)	☐ As	ssignment Papers or an Application)		After Allowance Communication to Group			
Fee Attached		awing(s)		Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply (4 pages)	Lic	censing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final	Pe	etition		Proprietary Information			
		etition to Convert to a rovisional Application		Status Letter			
Evenning of Time Request (1 page)		ower of Attorney, Revocation hange of Correspondence Ac pages)		Other Enclosure(s) (please identify below):			
Express Abandonment Request Rec		erminal Disclaimer equest for Refund D, Number of CD(s)		Statement Under 37 CFR 3 73(b) (1 page) Copy of Assignment (1 page) Application Data Sheet (3 pages) Declaration (2 pages) Compact Discs Statement to Support Filing (1 page) Return receipt postcard			
Information Disclosure Statement		D, Nulliber of CD(s)					
Certified Copy of Priority Documer	nt(s) Remarks						
Response to Missing Parts/ Incomplete Application							
Response to Missing Parts under 37 CFR 1.52 or 1.53 pages)							
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT							
		age Mill Road, Palo Alto, California					
or Shantanu Bas	u, Reg No 43,318	3					
Individual Name	4 1						
Signature Was	mun/1						

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Date of Deposit: August 5, 2002

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Tamara A Caraz

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OLPE FEE TRANSMITTA	. L _	Application Number	10/085,117			
് 🦠 FOR FY 2002		Filing Date	February 27, 2002			
AUG 0 5 2002 (L)		First Named Inventor	David W. MORRIS			
		Examiner Name	To Be Assigned			
Patent fees are subject to annual revision.		Group Art Unit	To Be Assigned			
TOTAL AMOUNT OF PAYMENT	(\$)952.00	Attorney Docket No	529452000121			

TOTAL AMOUNT OF PAYMENT	(\$)	(\$)952.00 Attorney Docket No		529452000121				
METHOD OF PAYMENT		FEE CALCULATION (continued)						
1. The Commissioner is hereby authorized to charge ind fees and credit any overpayments to	icated 3.	3. ADDITIONAL FEES						
Deposit Account Number 03-1952	Fe	rge Entit e Fee ode (\$)	y Small Fee Code	Entity Fee (\$)	Fee De	escription		Fee Paid
Deposit Account Name Morrison & Foerster LLP	105	5 130	205	65	Surcha	rge - late filing fe	e or oath	65
Charge Any Additional Fee Required Under 37 CFR 1 16 and	1 17 127	7 50	227	25		rge - late provisio over sheet		
Applicant claims small entity status See 37 CFR 1 27	139	9 130	139	130	Non-English specification			
2. Payment Enclosed:	147	7 2,520	147	2,520	For filing a request for ex parte reexamination			
☐ Check ☐ Credit Card ☐ Money Order ☐ C	Other 11	2 920*	112	920*	Requesting publication of SIR prior to Examiner action			
FEE CALCULATION	113	3 1,840	* 113	1,840*	Requesting publication of SIR after Examiner action			
1. BASIC FILING FEE	115	5 110	215	55	Extensi	Extension for reply within first month 55		
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106 330 206 165 Design filing fee	119		219	160		of Appeal		
107 510 207 255 Plant filing fee	120		220	160		brief in support		
108 740 208 370 Reissue filing fee	12	1 280	221	140		st for oral hearing i to institute a pul		
114 160 214 80 Provisional filing fee	138			1,510	proceed	ding		
SUBTOTAL (1) (\$)370	144		240 241	55 640		to revive - unav		
2. EXTRA CLAIM FEES	14:			640	Utdity is	ssue fee (or reiss	iue)	
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103 18 203 9 Claims in excess of 20	14	6 740	246	370	rejectio	Filing a submission after final rejection (37 CFR § 1 129(a))		
102 84 202 42 Independent claims in exces	ss of 3 14	9 740	249	370		For each additional invention to be examined (37 CFR § 1 129(b))		
104 280 204 140 Multiple dependent claims, i	f not paid 17	9 740	279	370	Request for Continued Examination (RCE)			
109 84 209 42 **Reissue independent claim original patent	ns over 16	900	169	900	Request for expedited examination of a design application			
110 18 210 9 **Reissue claims in excess o over original patent								
SUBTOTAL (2) (\$)462	Oi	her fee (specify						
** or number previously paid, if greater; For reissues, see above.	·R	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)120)120			
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) Shantanu Basu		Registration (Attorney/A		43,318 Telephone (650) 813-5995			3-5995	
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Date Signature thenter /3 August 5, 2002

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